

# TOWN OF LOS GATOS

**PARKS & PUBLIC WORKS DEPARTMENT**  
**ENGINEERING DIVISION**  
**PHONE (408) 399-5771**  
**FAX (408) 399-5763**

SERVICE CENTER  
41 MILES AVENUE  
LOS GATOS, CA, 95030

# APPLICATION FOR STORAGE IN PUBLIC RIGHT-OF-WAY

Permit No. **ST06-**

Property Address:\_\_\_\_\_ A.P.N.:\_\_\_\_\_

Location of Storage (if not at address frontage): \_\_\_\_\_

Type of Storage:            MATERIALS                                  CONTAINER                                  (CIRCLE ONE)

Type of Materials \_\_\_\_\_ Size of Container: \_\_\_\_\_

Estimated Date of Removal: \_\_\_\_\_

ADDITIONAL INFORMATION:

1. Property Owner:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. General Contractor in charge of work at the site:

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Firm: \_\_\_\_\_ Town Business License No: \_\_\_\_\_

License No.: \_\_\_\_\_ Class: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

3. If Container Storage, complete the following:

Container Supplier: \_\_\_\_\_ Phone (required): \_\_\_\_\_

Address: \_\_\_\_\_ E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**NOTICE:**

- ◆ Any questions regarding Storage Permits, please call George Garcia, Senior Engineering Inspector at (408) 399-7530 or Chuck Hart, Engineering Inspector, at (408) 395-3430.
- ◆ All Storage in the Public Right-of-Way requires a Storage Permit.

**FOR OFFICIAL USE ONLY:**

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

**SIGNATURE OF APPLICANT:**

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Property Owner \_\_\_\_\_ Contractor \_\_\_\_\_  
(CIRCLE ONE)

## STORAGE CONTAINER REMOVAL LOG

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FOR OFFICIAL USE ONLY:

Date Removal Inspection Requested: \_\_\_\_\_

Site Inspected by:

\_\_\_\_\_  
Inspector

Date: \_\_\_\_\_

Refund Request sent to Finance:

By: \_\_\_\_\_

Date: \_\_\_\_\_

FOR CONTAINERS NOT VOLUNTARILY REMOVED:  
Removal Letter Sent:

By: \_\_\_\_\_

Date: \_\_\_\_\_

"Remove By" Date: \_\_\_\_\_

Site Inspected by:

\_\_\_\_\_  
Inspector

Date: \_\_\_\_\_

Supplier Notified to Remove:

By: \_\_\_\_\_

Date: \_\_\_\_\_

"Remove By" Date: \_\_\_\_\_

Site Inspected by:

\_\_\_\_\_  
Inspector

Date: \_\_\_\_\_

Date Bill Received: \_\_\_\_\_

Date Payment Authorized: \_\_\_\_\_